

file with B. B. Browne

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LEADING ARTICLE.

INVERSION OF THE UTERUS.

It is to be presumed that few, if any, of our readers are unmindful of the degree to which original contributions to the advance of gynaecology have been made in our own country. The American is decidedly in his element when a mechanical problem is to be solved, and the gynaecology of the present time turns so largely on the mechanical adaptation of means to ends that our pre-eminence in that branch of the medical art is not to be wondered at, especially when we consider, too, that it was here that the interest and enthusiasm now felt in the specialty all over the civilized world practically took their rise.

Making all allowances for these considerations, however, it is not a little remarkable that there should be one particular form of injury of the uterus, for the repair of which almost every important step has been taken in this country—and that, too, an affection recognized in all its gravity from time immemorial, and not, as in the case of cervical laceration, one that was really first brought to light here. Prominent among the procedures that have taken their rise in America for the restoration of the inverted uterus to its normal state, we may mention the late Professor White's plan of effecting reduction by the action of sustained elastic pressure on the body of the organ; Dr. Emmet's method of making a partial gain pave the way to final success, by sutures passed through the cervical lips and subtending the fundus; Dr. Noeggerath's happy thought of taking advantage of the natural action of the muscular tissue by indenting first one horn and then the other; Dr. Thomas's bold and direct solution of the problem, how to dilate the cervix, by approaching the orifice from above through an abdominal incision; Dr. Watts's device for accomplishing dilatation from above, without laparotomy, by carrying the fingers into the hollow of the inverted organ by way of the rectum; and, finally, the latest expedient, described in this issue of the JOURNAL, by means of which Dr. Browne has succeeded, in an obstinate case, in dilating the cervix through an incision penetrating the uterine wall.

All these procedures are rational, and each has proved successful in actual practice. They are all in the highest degree creditable to the gentlemen with whom they originated, and they are no less creditable to American medicine. It is scarcely to be supposed that the list of possible devices likely to prove available is yet exhausted, but certainly great strides have been made in that direction, and whoever brings a new expedient into play not only makes the positive achievement, if he succeeds, of swelling the record of triumphs, but often holds out to others a suggestion that is pretty sure to be followed up and made the most of.

R.

